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To: Examiner Erika A. Gary	From: Steven Fischman
Fax: 703-872-9314	Pages: 21 pages including cover sheet
Phone:	Date: 8/25/2003
Re: U.S. Serial No. 09/608,044	CC:
Group Art Unit: 2685	
Docket No. YOR92000236US1 (13579)	

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Chandrasekhar Narayanaswami			YOR920000236US1 (13579)
Serial No. 09/608,044	Filing Date June 30, 2000	Examiner Erika A. Gary	Group Art Unit 2685
Invention: DEMAND PULL-MULTICHANNEL ASYNCHRONOUS DATA AND APPLICATION SYNCHRONIZATION FOR PERVASIVE DEVICES			
<p>I hereby certify that this <u>AMENDMENT</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9314</u>)</p> <p>on <u>August 25, 2003</u> (Date)</p> <p><u>Steven Fischman</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p>OFFICIAL</p> <p>FAX RECEIVED AUG 26 2003 GROUP 2600</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. YOR920000236US1 (13579)	
Applicant(s): Chandrasekhar Narayanaswami					
Serial No. 09/608,044	Filing Date June 30, 2000	Examiner Erika A. Gary	Group Art Unit 2685		
Invention: DEMAND PULL-MULTICHANNEL ASYNCHRONOUS DATA AND APPLICATION SYNCHRONIZATION FOR PERVASIVE DEVICES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: August 25, 2003		
Steven Fischman Registration No. 34,594					
Correspondence Address Customer No. 23389					
<div style="border: 1px solid black; padding: 5px;"><input checked="" type="checkbox"/> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence</div>					
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